## L170000 80679

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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Divi	sion of Co	rporations			
SUBJECT:	NOVA TR	RADE LLC			
		Name of Li	imited Liability Company		_
The enclosed	Articles of	Amendment and fee(s) are su	thmitted for filing		
r tease rettim a	in correspo	ondence concerning this matte	er to the following:		
		JUAN C MOLANO			
			Name of Person		<del></del>
		NOVA TRADE LLC			
			Firm/Company		<del></del>
		1375 GATEWAY BLVD	i.		
			Address		
		BOYNTON BEACH, FL			2023 JUST
			City/State and Zip Code		
		JCM@NOVAADVISORS			-1
			(to be used for future annual re	port notification)	FM 9.2
For further info	ormation co	oncerning this matter, please of	eall:		
JUAN C MOL	ANO		786 872.	2452	
	Name of	Person	at () Area Code	Daytime Telephone Numb	ег
Enclosed is a cl	neck for th	e following amount:			
□ \$25.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certifie	ate of Status &
Regis Divisi	g Address tration So Ion of Co Box 6327	ection orporations	Division of	ress: on Section of Corporations to of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on 04/11/2017	and assigned
oility company here:	
LLC	
lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
824 E ATLANTIC AVE	2
SUITE 10	-45 B
DELRAY BEACH, FL 33483	二百
824 E ATLANTIC AVE	<u> </u>
SUITE 10	
DELRAY BEACH, FL 33483	10
Enter Florida street address	e name of the new registe
	laZip Code
	Dility company here: LLC  Dity Company," the designation "LLC" or  824 E ATLANTIC AVE  SUITE 10  DELRAY BEACH, FL 33483  824 E ATLANTIC AVE  SUITE 10  DELRAY BEACH, FL 33483

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			r.⊃ □Change
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		-1 -1 -
	- <u>- ;</u> .	52
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of the specific and the specific a	(optional)	500001 to 605 030
te: If the date inserted in this block does not meet the applicable statu nument's effective date on the Department of State's records.	tory filing requirements, this date wil	I not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12 s filed.	:01 a.m. on the earlier of: (b) The 90	Oth day after the
red FEBRUARY 27 . 2023		
	esentative of a member	

Typed or printed name of signee